

Tariff No. _____

_____ Revised Page No. _____

Company Name/Permit Number:

Registered Trade Name:

Item 100 – Residential Service – Monthly Rates (continued)

Yardwaste service provisions shown apply only in the following service area:

Following is a description of yardwaste program (type of containers, frequency, etc.). Program provided in accordance with Ordinance No. _____ of _____ (name of county or city).

Special rules relating to yardwaste program:

Issued by:

Issue date:

Effective date:

(For Official Use Only)

Docket No. TG- _____ Date: _____ By: _____